AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: MIXC [] CLEC [] ILEC [] Wireless 240.151

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1/5-		CERTIFICATED CON	PANY INFORMATION	
KD	Ol America Inc			
Com	pany Name		FEIN/SSN	
			212-295-1200	
Dba	/fka		Telephone #	
	ng Address			
	W Michigan Ave 4th Fl			
	State, Zip Code			
	mazoo MI 49007		 	
	ness Location Third Ave 3rd El Now V	ant NV 40000		
City	Third Ave 3rd FI, New Y State, Zip Code	OFK IN Y TOUZZ	New York	
Oity,	otate, Zip Code		County	
		REGISTERED AGE	NT INFORMATION	
Regis	stered Agent: B Allston N			
	ng Address: 5 Exchange			
Char	leston SC 29401			
City,	State, Zip Code			
suant	to the Commission's	rules and regulations in	orint or type company conta	ct for the following areas:
	Masaaki Nakanishi		or type company conta	ocioi die lollowing areas:
A.	General Manager (Include Address if different than above)			
		/ 212-295-1087	/ rt@kddia.com	
	Telephone Number	/ Facsimile Number	/ E-mail Address	· ······
	Chin Chinaba			
D	Shin Shinohara			
B.	Customer Relations	/Complaints Represent	ative (Include Address if diff	ferent than above)
В.	Customer Relations 212-295-1200	<u> </u>	/ rt@kddia.com	ferent than above)
B.	Customer Relations 212-295-1200 Telephone Number	<u>/ 212-295-</u> 1087	/ rt@kddia.com	ferent than above)
	Customer Relations 212-295-1200 Telephone Number Shin Shinohara	/ 212-295-1087 / Facsimile Number	/ rt@kddia.com / E-mail Address	
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C1.	Customer Relations 212-295-1200 Telephone Number Shin Shinohara Customer Relations different than above) 212-295-1200 Telephone Number 888-533-4649 Customer Contact (T	/212-295-1087 / Facsimile Number //Complaints Representa //212-295-1087 / Facsimile Number //OII Free Number) //Ons (Include Address if / / Facsimile Number	/ rt@kddia.com / E-mail Address ative for Escalated Complain / rt@kddia.com / E-mail Address different than above) / / E-mail Address han above) /	Include Address if

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: Shin Shinohara Regulatory Officer (Include Address if different than above) G. 212-295-1200 /212-295-1087 / rt@kddia.com Telephone Number / Facsimile Number / E-mail Address **Dual Party Mailings** (Name) H. (Mailing Address) Telephone Number / Facsimile Number / E-mail Address 1. Interim LEC Fund Mailings (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address Patrick D Crocker Universal Service Fund Mailings (Name) J. 107 W Michigan Ave 4th Fl, Kalamazoo MI 49007 (Mailing Address) 269-381-8888 <u>/ 26</u>9-381-4855 / contact@nationwideregulatorycompliance.com Telephone Number / Facsimile Number / E-mail Address Patrick D Crocker K. Gross Receipts Mailings (Name) 107 W Michigan Ave 4th Fl, Kalamazoo MI 49007 (Mailing Address) 269-381-8888 <u>/ 269-381-4855</u> / contact@nationwideregulatorycompliance.com Telephone Number / Facsimile Number / E-mail Address Lifeline Mailings (Name) L. (Mailing Address) Telephone Number / Facsimile Number / E-mail Addréss Patrick D Crocker This form was completed by Signature President, Nationwide Regulatory Compliance LLC Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211
And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201